

Work Order ID 91733

Tuesday, October 16, 2012 3:39:11 PM

91733

ASAP Eagle Fe del Loch
Page 1

Item ID: D4726-1 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Handle
 Start Date: 10/16/2012 Start Qty: 2.00 *2* Cust Item ID:
 Required Date: 10/23/2012 Req'd Qty: 2.00 *2* Customer:
 Reference:

Approvals: Process Plan: MF Date: 12-10-16 Tooling: Date: Run Start ***NR1***
 QC: Date: SPC (Y/N): Date: Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4726	A

100	Cut blanks as per folio	0.00							
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100
 Bandsaw Memo 1.625 0.00 *OK 12/10/23* 2 10
 Jeaspa Bandsaw CUT BLANK AT 2.150"

110		0.00							
-----	--	------	--	--	--	--	--	--	--

110
 HAAS 1 Memo 0.00 *OK 12/10/24* 2 10
 HAAS CNC vertical machine #1 MACHINE AS PER DWG & FOLIO FB132
 FOLIO REV: AA
 DWG REV: A

DEBURR

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

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Page 2

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 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC	Memo	0.00	DAS 14 2-89	12/10/24		2	0		
Quality Control									
130	QC8- Inspect parts - second check	0.00							
130									
QC	Memo	0.00		12/10/24		2	0		
Quality Control									
132	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
132									
Outsource4	Memo	0.00							
Outsource process - Anodize									

A.T.G
 Pro: 18241

CL 12/10/24 (2)

NCR: Yes / No

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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

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Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
134	Receive & Inspect for Damage & Mat'l Certs	0.00							
134									
Packaging	Memo	0.00							
Packaging									
136	QC3- Inspect Part Finish	0.00							
136									
QC	Memo	0.00							
Quality Control									
140	Identify as per dwg & Stock Location: _____	0.00							
140									
Packaging	Memo	0.00							
Packaging									

Per 12/1/26 (2)

*DAS
15
1210.26*

GA

nick 12-10-26

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order ID 91733***91733***

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Approvals: Process Plan: Date: Tooling: Date: Run Start ***NR1***
QC: Date: SPC (Y/N): Date: Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	QC21- Final Inspection - Work Order Release	0.00							
150									
QC	Memo	0.00							
Quality Control									

12/10/31 *[Signature]*
MF
12-10-26

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Picklist Print

Tuesday, October 16, 2012 3:39:11 PM

Page 1

Work Order ID: 91733

Parent Item: D4726-1

Parent Item Name: Handle

Start Date: 10/16/2012

Required Date: 10/23/2012

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 12.10.16 AS PER DWG REV.A DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6B0.750X01.000 6061-T6 Bar .750 x 1.00		Purchased	No				f	37.4000		0.3789474			

Location

Loc Qty

Loc Code

MAT002

37.4

112567

37.4

.38 *on 12/10/23*

6061-T6 BAR .750 X 2.00

17123135 X .285

on 12/10/24

NCR: Yes / No

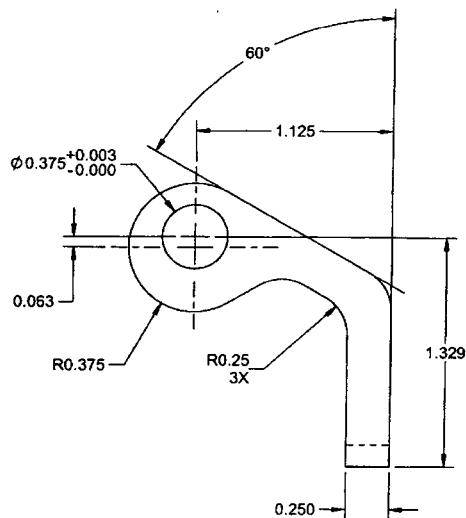
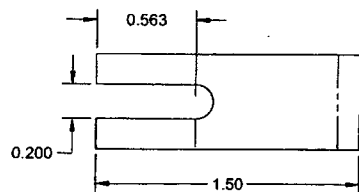
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

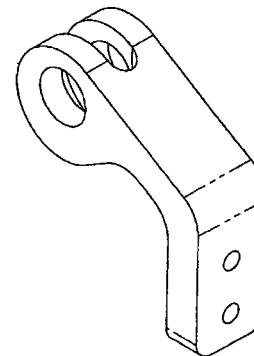
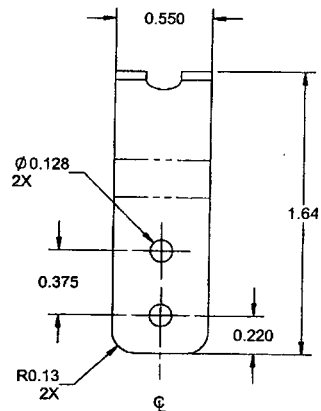
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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GRAIN
DIRECTION



D4726-1 HANDLE

NOTES:

- 1) MATERIAL: ALUMINUM, 6061-T6/T651 PER QQ-A-200/8 OR QQ-A-225/8 OR ASTM B211 OR ASTM B221
- 2) FINISH: BLACK ANODIZE PER MIL-8625F, TYPE III, CLASS 2
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4726-1" AND B/N "BXXXXX" PER QSI 044 6.7
- 7) WEIGHT: 0.04 lbs
- 8) ALL NON DIMENSIONED FEATURES PER DWG FILE "D4726-1-REVA.STP"

A NEW ISSUE		RP	12.09.19
REV.	DESCRIPTION	BY	DATE
DESIGN	RP	DART AEROSPACE USA, INC. KENT, WA	
DRAWN	RP		
CHECKED	AR	DRAWING NO.	REV. A
MFG. APPR.		D4726	SHEET 1 OF 1
APPROVED		TITLE	SCALE
DE APPR.		HANDLE	NTS
DATE	12.09.19	COPYRIGHT © 2012 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.	

NCR: Yes / No

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DART AEROSPACE LTD		Work Order: 91733
Description: HANDLE		Part Number: D4723-1
Inspection Dwg: D4726 Rev: A		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
.563	$\pm .010$.563	—		Vern ML-06	
.200	$\pm .010$.200	—		"	
1.500	$\pm .030$	1.501	—		"	
60°	$\pm 1/2^\circ$	60°	—		C-Agoner ML-CBB	
1.125	$\pm .005$	1.126	—		H-G 31006	
1.329	$\pm .005$	1.329	—		"	
.250	$\pm .010$.250	—		Vern ML-06	
R.25	$\pm .030$	R.250	—		R-G	
R.375	$\pm .010$	R.375	—		Vern ML-06	
Ø.375	$\pm .003$ $\pm .000$	Ø.376	—		"	
.550	$\pm .010$.555	—		"	
1.64	$\pm .030$	1.643	—		H-G 31006	
.220	$\pm .005$.220	—		Vern ML-06	
.375	$\pm .005$.375	—		"	
R.13	$\pm .030$	R.125	—		R-G	
Ø.128	$\pm .005$ $\pm .001$	Ø.130	—		Vern ML-06	

Measured by: DAS 14 8-8	Audited by: [Signature]	Preliminary Approval:
Date: 12/10/24	Date: 12/10/24	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18241**

Purchase Order Date 10/24/12

PO Print Date 10/24/12

Page Number 1 of 1

Order From :

VC-ATG001

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

Contact Name

Buyer

Chantal Lavoie

Vendor Phone

613-446-4544

Requisition Nbr

Vendor Fax

613-446-4556

Tax Resale Nbr

10127-2607

Vendor Account Nbr

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAKED
CZ12/10/12

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	91735	D4703-043 LOCK PIN BASE	10/25/12 Yes	2.00	Dart Truck	\$25.0000	\$50.00
2	91733	D4726-1 HANDLE	10/25/12 Yes	2.00	Dart Truck	\$25.0000	\$50.00
3	87729	41232-200-002-001 TUBE	10/25/12 Yes	4.00	Dart Truck	\$25.0000	\$100.00

Special Inst:

FINISH: BLACK ANODIZE AS PER
MIL-8625F, TYPE III, CLASS 2

Special Inst:

FINISH: BLACK ANODIZE AS PER
MIL-8625F, TYPE III, CLASS 2

Special Inst.

FINISH: BLACK ANODIZE AS PER
MIL-8625F, TYPE III, CLASS 2

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

PO Total:

\$200.00

Change Nbr: 1

Change Date: 10/24/12

No substitution or deviation without
consent.

Certificate of Conformity or Material
Certification required **YES** NO



A.T.G. Industries Inc.
731 rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada

Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62003

Date: 25-Oct-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

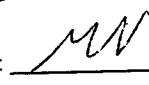
DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description	Rev:	
1 lot	Part: ASST 2 PCS D4703-043 2 PCS D4726-1 4 PCS 41232-200-002-001 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120651		PO: PO18241
Certificate of Conformance			
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE: 25/10/12			
CERTIFIED SIGNATURE: 			
RECEIVER SIGNATURE: _____			

Purchase Order Receipt Listing

Monday, September 24, 2012 9:06:34 AM

All Vendors PO ID PO17925 Receipt Dates from 9/24/2012 to 9/24/2012 All Line
All Item ID/GL/WOs All Rec. Employees All Currencies
Grouped by Vendor ID

Purchase Order ID/ Curr Type	Line Nbr/ Insp Req	Project ID	Reference/ Description/ Cert Std	PO U/M / Stock U/M	Required Date Required Qty	Rec
VendorID\Vendor Name VC-CAM002 Campi Steel						
PO17925	1		M6061T6S.063 sf		9/24/2012 9/2	
CAD	No		6061-T6 .063 Sheet sf		256.0000 D	
			123135			
	2		M6061T6S.032 sf		9/24/2012 9/2	
	No		6061-T6 Sheet 0.032" sf		96.0000 D	
			123135			
	3		M6061T6S.080 sf		9/24/2012 9/2	
	No		6061-T6 .080 Sheet sf		192.0000 C	
			123135			
	4		M6061T6B0.750X02. f		9/24/2012 9/2	
	No		6061-T6 Bar .750 x f		20.0000 C	
			000			
			2.00			
			123135			
	5		M304S26GA sf		9/24/2012 9/2	
	No		304/316 0.018 sf		256.0000 C	
			SHEET			
			123135			

Receiving Report

Date: 12/3/12
Supplier: CAMP1
Packing Slip: Yes ☒ No ☒
Invoice: Yes ☒ No ☒
Receipt: Cash ☒ Cr ☒

Batch No: 12123135
Part P/O: 17925
Release Note Attached: Yes ☒ No ☒
Waybill Attached: Yes ☒ No ☒
Shipment Complete: Yes ☒ No ☒
QC6 Inspection: Yes ☒ No ☒
Work Order: 16
N/A ☒
N/A ☒
N/A ☒

Part Number	Description	Quantity Ordered	Quantity Received	Quantity Returned	Quantity Short	Comments

Initials of receiver (if shipment OK)

Level 12

Location

H:\FORMS\Purchasing\approved purch\RECREPORT Rev D

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



935, boul. du Havre
Valleyfield (Québec)
J6S 5L1

ONE : 450 377-4248
450 377-5696

MONTREAL : 514 336-4248
FAX : 514 336-4246

ONTARIO : 1 800 667-4248
FAX : 1 866 456-4242

53147 53390
DISTRIBUTEUR D'ACIER ET MÉTAUX SPÉCIALISÉS
STEEL AND SPECIALTY METALS DISTRIBUTOR

On a du Savoir "7ER"

VENDU À / SOLD TO:

613-632-5200

613-632-1053

EXPÉDIEZ À / SHIP TO:

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY,
ONTARIO
K6A 1K7

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY,
ONTARIO
K6A 1K7

COMMANDE
ORDER N° 205025

DATE 18/09/12

BON DE LIVRAISON
PACKING SLIP N°

DATE DE LIVRAISON
DELIVERY DATE 21/09/12

VOTRE N° DE COMMANDE / YOUR PO. N°	VEND. / SALESM.	CODE CLIENT / CUST. CODE	EXPÉDIE PAR / SHIP VIA	TERMES / TERMS	TERR.	REMARQUES / REMARKS	PAGE N°
P017925	V	DAER		NET 30 JOURS	2R	UL	001

CODE DE PRODUIT PRODUCT CODE	COMMANDE ORDERED	EXPÉDIE SHIPPED	DESCRIPTION	POIDS WEIGHT	PRIX PRICE	PAR PER *	MONTANT AMOUNT
			MILL TEST REQUIS				
	256	EX 12/6	ALU PLATE 6061-T6 .062" (14G) 8 X 4' X 0'	256.00	ep		
	96	44	HEAT: 661445 ALU PLATE 6061-T6 0.032" (20G) 2 X 4' X 12'	96.00	34		
	192		HEAT: 661446 ALU PLATE 6061-T6 .080" (12G) 4 X 4' X 12'	192.00	44		
EQ 142	20	1x70	HEAT: 372102 AL FLAT 3/4 X 2	35.24			
		2x	1 X 20'				
PSS48266	8		HEAT: 52402 S.S. 304 2B 26 JA 48 X 96 8 X 4' X 0'	200.00	81		

* Unités de mesure: CLB Cent livres • CPI Cent pieds • UN Unit • PI Pied • PC Pied carré
Units of measure: Hundred pounds • Hundred feet • Unit • Foot • Square foot

POIDS TOTAL
TOTAL WEIGHT

CONDITIONS:

LES MATÉRIAUX LIVRÉS ET FACTURÉS TELS QUE DÉCRITS DEMEURENT LA PROPRIÉTÉ DE "ACIER CAMPI INC." JUSQU'À PARFAIT PAIEMENT COMPLET ENCAISSÉ. • LES RISQUES DE PERTES OU BIEN SONT À LA CHARGE DE L'ACHETEUR. • LA GARANTIE DE QUALITÉ DU MATÉRIEL EST LA MÊME QUE CELLE DU FABRICANT. • L'ACHETEUR S'ENGAGE À RESPECTER LES CONDITIONS SUIVANTES: NET 30 JOURS DE LA DATE DE FACTURATION, ET TOUT COMPTE IMPAYÉ DANS LES 30 JOURS ENTRAÎNE DES FRAIS DE 2% PAR MOIS (24% PAR ANNÉE) QU'IL ACCEPTE DE PAYER. • TOUT DÉFAUT D'EXÉCUTION L'UNE OU L'AUTRE DES OBLIGATIONS EN VERTU DU PRÉSENT CONTRAT ENTRAÎNE LA DÉCHÉANCE DU TERME ET PERMET AU VENDEUR, À SON CHOIX, DE RÉCLAMER TOUT SOLDE DU PRIX DE VENTE OU DE REPRISE LE BIEN VENDU. • TOUTE RÉCLAMATION DOIT ÊTRE FAITE DANS LES CINQ JOURS SUR PRÉSENTATION DE CE DOCUMENT. • TOUTE MARCHANDISE ENDOMMAGÉE, ALTÉRÉE OU COUPÉE NE PEUT ÊTRE REPRISE. • AUCUN RETOUR DE MARCHANDISE NE SERA ACCEPTÉ SANS NOTRE AUTORISATION. • TOUTE MARCHANDISE RETOURNÉE EST SUJETTE À DES FRAIS DE MANUTENTION DE 25%.

CONDITIONS:

ALL SOLD AND DELIVERED MATERIALS REMAIN THE PROPERTY OF "ACIER CAMPI INC." UNTIL PAYMENT IS MADE IN FULL, COMPLETE AND CASHED. ALL LOST MATERIALS ARE AT THE BUYER'S EXPENSE. • ALL MATERIALS BEAR THE SAME WARRANTY AS GIVEN BY THE MANUFACTURER. THE BUYER HEREBY ACCEPTS TO RESPECT THE FOLLOWING CONDITIONS: NET 30 DAYS FROM BILLING DATE AND THE BUYER ACCEPTS TO PAY ADMINISTRATION CHARGES OF 2% PER MONTH OR 24% PER ANNUM ON ALL PAST DUE ACCOUNTS OVER 30 DAYS. • ANY DEFAULT IN RESPECT WITH THIS CONTRACT WILL LEAD TO PAYMENT BY ACCELERATION AND PERMITS TO THE SELLER, AT HIS CHOICE TO CLAIM FOR THE BALANCE DUE OR THE REPOSSESSION OF THE GOODS SOLD. • ANY CLAIM MUST BE MADE WITHIN FIVE DAYS WITH THIS DOCUMENT ENCLOSED. • ANY MERCHANDISE THAT HAS BEEN DAMAGED, CUT OR MODIFIED CANNOT BE RETURNED. • ALL GOODS RETURNED MUST BE WITH OUR AUTHORIZATION AND ARE SUBJECT TO A 25% RESTOCKING CHARGE.

MARCHANDISE REÇUE EN BONNE CONDITION / MERCHANDISE RECEIVED IN GOOD CONDITION

PRÉPARÉ / PREPARED. VÉRIFIÉ / VERIFIED
PAR BY PS PAR BY DO

LIVRÉ / DELIVERED HEURE / TIME
PAR BY MB 10 05

SIGNATURE DU CLIENT / CUSTOMER'S SIGNATURE
DATE 12/09/12

SOUS-TOTAL
SUB TOTAL

T.P.S.
G.S.T.

T.V.Q. / T.V.H.
Q.S.T. / H.S.T.

TOTAL

N° ENR. TPS / GST REG. N° R 135 534 717 • N° ENR. TVQ / QST REG. N° 1 015 668 543

SIGNATURE DU CLIENT / CUSTOMER'S SIGNATURE

DATE

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

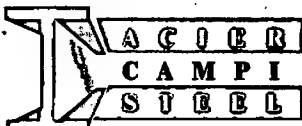
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
---	---	--



935, boul. du Havre
Valleyfield (Québec)
J6S 5L1

TÉLÉPHONE : 450 377-4248
FAX : 450 377-5696

MONTREAL : 514 336-4248
FAX : 514 336-4246

DISTRIBUTEUR D'ACIER ET MÉTAUX SPÉCIALISÉS
STEEL AND SPECIALTY METALS DISTRIBUTOR

ONTARIO : 1 800 667-4248
FAX : 1 866 456-4242

On a du Savoir "FER"

VENDU À / SOLD TO:

613-632-5200

613-632-1053

EXPÉDIEZ À / SHIP TO:

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY,
ONTARIO
K6A 1K7

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY,
ONTARIO
K6A 1K7

COMMANDE
ORDER

N° 205025

DATE 18/09/12

BON DE LIVRAISON
PACKING SLIP N°

DATE DE LIVRAISON
DELIVERY DATE 21/09/12

VOTRE N° DE COMMANDE / YOUR P.O. N°	VEND. / SALESM.	CODE CLIENT / CUST. CODE	EXPÉDIE PAR / SHIP VIA	TERMES / TERMS	TERR.	REMARQUES / REMARKS	PAGE N°
PO17925	V	DAER		NET 30 JOURS	2R		002

CODE DE PRODUIT PRODUCT CODE	COMMANDE ORDERED	EXPÉDIE SHIPPED	DESCRIPTION	POIDS WEIGHT	PRIX PRICE	PAR PER *	MONTANT AMOUNT
			HEAT: YUI22541		80		
				2	344		
					81		

Unités de mesure : CLB Cent livres Hundred pounds • CPI Cent pieds Hundred feet • UN Unit • PI Pied Foot • PC Pied carré Square foot

CONDITIONS:

LES MATÉRIAUX LIVRÉS ET FACTURÉS TELS QU'ILS SONT DÉCRITS DEMEURENT LA PROPRIÉTÉ DE "ACIER CAMP I INC." JUSQU'À PAIEMENT COMPLET ENCAISSÉ. • LES RISQUES DE PERTES OU RIEN SONT À LA CHARGE DE L'ACHETEUR. • LA GARANTIE DE QUALITÉ DU MATÉRIEL EST LA MÊME QUE CELLE DU FABRIQUANT. • L'ACHETEUR S'ENGAGE À RESPECTER LES CONDITIONS SUIVANTES: NET 30 JOURS DE LA DATE DE FACTURATION, ET TOUT COMPTE IMPRÉVU DANS LES 30 JOURS ENTRAÎNE DES FRAIS DE 2% PAR MOIS (24% PAR ANNÉE) QU'IL ACCEPTE DE PAYER. • TOUT DÉFAUT D'EXÉCUTION LUNE OU L'AUTRE DES OBLIGATIONS EN VERTU DU PRÉSENT CONTRAT ENTRAÎNE LA DÉCHÉANCE DU TERME ET PERMET AU VENDEUR, À SON CHOIX, DE RÉCLAMER TOUT SOLDE DU PRIX DE VENTE OU DE REPRISE LE BIEN VENDU. • TOUTE RÉCLAMATION DOIT ÊTRE FAITE DANS LES CINQ JOURS SUR PRÉSENTATION DE CE DOCUMENT. • TOUTE MARCHANDISE ENDOMMAGÉE, ALTÉRÉE OU COUPÉE NE PEUT ÊTRE REPRISE. • AUCUN RETOUR DE MARCHANDISE NE SERA ACCEPTÉ SANS NOTRE AUTORISATION. • TOUTE MARCHANDISE RETOURNÉE EST SOUJETTE À DES FRAIS DE MANUTENTION DE 25%.

CONDITIONS:

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MARCHANDISE REÇUE EN BONNE CONDITION / MERCHANDISE RECEIVED IN GOOD CONDITION

PRÉPARÉ / PREPARED	VÉRIFIÉ / VERIFIED	LIVRÉ / DELIVERED	HEURE / TIME
PAR BY PK	PAR BY DD	PAR BY MB	10 05

N° ENR. TPS / GST REG. N° R 135 534 717 • N° ENR. TVQ / QST REG. N° 015 668 543

POIDS TOTAL
TOTAL WEIGHT 779

SOUS-TOTAL
SUB TOTAL

T.P.S.
G.S.T.

T.V.Q. / T.V.H.
Q.S.T. / H.S.T.

TOTAL

SIGNATURE DU CLIENT / CUSTOMER'S SIGNATURE

DATE

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
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Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other <hr/> <hr/> <hr/>	

CERTIFIED INSPECTION REPORT

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Per:

Malcolm Murphy
Director of Manufacturing Davenport Works

Terrence Thom
Quality Assurance Manager

Page 1 of 2

Ship From:

1292286	0		
Ship Date	B.L. No.	Invoice No.	Alcoa No. Item
2011-09-23	6372211	00000	1000313588-2 DCE 13588-2
P.O. No./Govt Contract No.	Customer	Alcoa Item	
C64144 Ln#: 2			

Ship To:

Item Description

0.063 IN TK (+0.0000 -.0035) X 48.0 IN W (+.125 -.125) X 96.0 IN LN (+.125 -.125) (N) A/T 6361-T6 FLAT SHEET FOR DISTRIBUTORS
TOLERANCE GUARANTEED. AMS4027 REV N EXC_MRK ASME-SA-209 REV 10 EXC_MRK ASTM B209 REV 10
CMMP025 REV S ((MARKED)) KRAFT PAPER
INTERLEAVED MAX GROSS
SKID WGT: 4500 LB QUAN TOL +/-30 %
CQR 0224418 REV 05 CUST REQ 11-09-20 *** W/E 11-11-05 ***

266 lbs

Num	Package Ticket	Lot	Weight	Quantity	UOM	Inspector Clock Numbers
1	330910	661445	4199	154	PC	27809 46993 D103422
2	330957	661445	4163	154	PC	27809 46993 D103423
3	330974	661445	4199	154	PC	27809 46993 D103424
4	330975	661445	3	2	PC	27809 46993 D103627
			12564	464		

Notes for CQR: 0224418.5

PRODUCT PRODUCED TO THE REQUIREMENTS OF AMS4027 REV N ALSO MEET THE REQUIREMENTS OF AMS-QQ-A-250_11 ORIGINAL REVISION DATED 1997-08-01.

CQR: 0224418.5 -Specification Limits

Temp	Dir	UTS	TYS	EL4D
T6	Long Transv.	KSI	KSI	PCT
	Max			
	Min	42.0	35.0	10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____

CERTIFIED INSPECTION REPORT

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Per

Malcolm Murphy
Director of Manufacturing Davenport Works

Terrence Thom
Quality Assurance Manager

Ship From:

1292286	0			
Ship Date	B.I. No.	Invoice No.	Alcoa No.	Item
2011-09-23	6372211	00000	1000313588-2	DCE-13588-2
P.O. No./Govt Contract No.	Customer	Alcoa Item		
C64144 Ln#: 2				

Page 2 of 2

CQR: 0224418.5 -Specification Limits (cont.)

Chemical Composition		SI	FE	CU	MN	MG	CR	ZN	TI	Other Each	Other Total	Aluminum
Alloy 6061	Max	0.8	0.7	0.40	0.15	1.2	0.35	0.25	0.15	0.05	0.15	
Lot: 661445	Min	0.40		0.15		0.8	0.04					

Mechanical, Physical, Metallography, Quantometer Results

No->		UTS	TYS	EL4D
Temp	Dir	KSI	KSI	PCT
T6	Long Transv.	49.9	44.8	10.1
		50.5	45.1	10.3

Cast Number	Chemical - OES	SI	FE	CU	MN	MG	CR	ZN	TI
H9359052	Actuals	0.66	0.4	0.24	0.07	0.9	0.15	0.02	0.02

This material was melted in the United States or a Qualifying Country [REF DFARS 225.872.1(a)]; it was manufactured in the United States

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other <hr/> <hr/> <hr/>	

CERTIFIED INSPECTION REPORT

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Per

Malcolm Murphy
Director of Manufacturing Davenport Works

Terrence Thom
Quality Assurance Manager

Page 1 of 2

Ship From:

1284232	0			
Ship Date	B.L. No.	Invoice No.	Alcoa No.	Item
2011-08-30	6312469	00000	100000400-1	11-08-13-00-1
P.O. No./Govt Contract No.	Customer	Alcoa Item		
C63906 Ln#: 1				

Ship To:

Item Description

0.032 IN TK (+.0025 -.0025) X 48.0 IN W (+.125 -.125) X 144.0 IN LN (+.15625 -.15625) (N) A/T 6061-T6 FLAT SHEET MILL FINISH. AMS4027 REV N
EXC MRK ASTMB209 REV 07 CMMPO25 REV S
((MARKED)) KRAFT PAPER INTERLEAVED
MAX GROSS SKID WGT: 4500 LB QUAN TOL +40 -
30% CQR 0209857 REV 05 CUST REQ 11-07-30 *** W/E 11-08-13 ***

5/26/13

Num	Package Ticket	Lot	Weight	Quantity	UOM	Inspector Clock Numbers
1	333575	661446	4070	192	PC	27151 46940 47349 D041955
2	333974	661446	4068	192	PC	27151 46940 47349 D041956
3	333575	661446	4040	192	PC	27151 46940 47349 D041957
4	334032	661446	468	22	PC	27151 46940 47349 D041958
5	334035	661446	529	25	PC	27151 46940 47349 D041961
			13175	623		

Notes for CQR: 0209857.5

PRODUCT PRODUCED TO THE REQUIREMENTS OF AMS4027 REV N ALSO MEET THE REQUIREMENTS OF AMS-QQ-A-250_11 ORIGINAL REVISION DATE 1997-08-01.

CQR: 0209857.5 -Specification Limits

Tmpt	Dir	UTS	TYS	EL4D
T6	Long Transv.	KSI	KSI	PCT
		Max		
		Min	42.0	35.0
				10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																								
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector																		
Doc/Data <input type="checkbox"/>																											
Equip/Tooling <input type="checkbox"/>																											
Operator <input type="checkbox"/>																											
Material <input type="checkbox"/>																											
Setup <input type="checkbox"/>																											
Other <input type="checkbox"/>																											
Process <input type="checkbox"/>																											
Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unapproved <input type="checkbox"/>																											
FAULT CATEGORY																											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____																

CERTIFIED INSPECTION REPORT

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Per

Malcolm Murphy
Director of Manufacturing Davenport Works

Terrence Thom
Quality Assurance Manager

Page 2 of 2

1284232	0	Ship From:	
Ship Date	B.L. No.	Invoice No.	Alcoa No. Item
2011-08-30	6312469	00000	1000300400-1
P.O. No./Govt Contract No.	Customer	Alcoa Item	
C63906 Ln#: 1			

CQR: 0209857.5 -Specification Limits (cont.)

Chemical Composition	SI	FE	CU	MN	MG	CR	ZN	TI	Other Each	Other Total	Aluminum
Alloy 6061	Max 0.8	0.7	0.40	0.15	1.2	0.35	0.25	0.15	0.05	0.15	
Lot: 661446	Min 0.40		0.15		0.8	0.04					REMAIN

Mechanical, Physical, Metallography, Quantometer Results		UTS	TYS	EL4D
Temp	Dir	KSI	KSI	PCT
T6	Long Transv.	50.6	43.3	11.6
		51.7	43.4	12.6

Cast Number	Chemical - OES	SI	FE	CU	MN	MG	CR	ZN	TI
H9356082	Actuals	0.65	0.5	0.24	0.07	1.0	0.15	0.03	0.02

This material was melted in the United States or a Qualifying Country [REF DPARS 225.872.1(a)]; it was manufactured in the United States

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

CERTIFIED INSPECTION REPORT

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Per:

Malcolm Murphy
Director of Manufacturing Davenport Works

Terrence Thom
Quality Assurance Manager

Page 1 of 2

Ship From:

1345990	0		
Ship Date	B.L. No.	Invoice No.	Alcoa No. Item
2012-02-22	6796432	00000	1000343170-3
P.O. No./Govt Contract No.	Customer	Alcoa Item	
C64518 Ln#: 3		DPE-43170-3	

Ship To:

Item Description

Q.08 IN TK (+0.0000 -.0045) X 48.0 IN W (+.125 -.125) X 144.0 IN LN (+.15625 -.15625) (N) A/T 6061-T6 FLAT SHEET FOR DISTRIBUTORS TOLERANCE GUARANTEED. AMS4027 REV N EXC MRK
ASTMB209 REV 10 CMMPO25 REV U ((MARKED))
KRAFT PAPER INTERLEAVED
MAX GROSS SKID WGT: 4500 LB QUAN TOL +/- 30 % CQR 0209523 REV 09 CUST REQ 12-02-11 *** W/E 12-02-25 ***

S
12/02/25

Num	Package Ticket	Lot	Weight	Quantity	UOM	Inspector Clock Numbers
1	384147	372102	4075	79	PC	27725 46940
2	384149	372102	4069	79	PC	27725 46940
3	384182	372102	4069	79	PC	27725 46940
4	384195	372102	448	9	PC	27725 46940
			12661	246		

0464043
0464044
0464045
0464046

Notes for CQR: 0209523.9

PRODUCT PRODUCED TO THE REQUIREMENTS OF AMS4027 REV N ALSO MEET THE REQUIREMENTS OF AMS-QQ-A-250_11 ORIGINAL REVISION DATED 1997-08-01.

CQR: 0209523.9 -Specification Limits

Impr	Dir	UTS	TYS	EL4D
T6	Long Transv.	KSI	KSI	PCT
	Max			
	Min	42.0	35.0	10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION <div style="display: flex; justify-content: space-between;"> <div> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> </div> </div>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
--	--	---

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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CERTIFIED INSPECTION REPORT

We hereby certify that the material covered by this certificate has been inspected with, and has been found to meet the applicable requirements described therein, including any specifications forming a part of the description and that samples representative of the material met the composition limits and had the mechanical properties shown on the face of this sheet.

This test report shall not be reproduced except in full, without the written approval of the Quality Department. No alteration, addition or other change is authorized to be made to this certificate. The recording of false, fictitious, or otherwise fraudulent statements or entries on this certificate by any recipient may be punished as a felony under applicable law.

Per

Malcolm Murphy

Director of Manufacturing Davenport Works

Terrence Thom

Quality Assurance Manager

Page 2 of 2

1345990

0

Ship From:

Ship Date

B.L. No.

Invoice No.

Alcoa No. Item

2012-02-22

6796432

00000

1000343170-3

DPE-43170-3

P.O. No./Govt Contract No.

Customer

Alcoa Item

C64518 Ln#: 3

CQR: 0209523.9 -Specification Limits (cont.)

Chemical Composition

	SI	FE	CU	MN	MG	CR	ZN	TI	Other Each	Other Total	Aluminum
Alloy 6061	Max 0.8	0.7	0.40	0.15	1.2	0.35	0.25	0.15	0.05	0.15	
Lot: 372102	Min 0.40		0.15		0.8	0.04					

Mechanical, Physical, Metallography, Quantometer Results

REMAIN

Tmpr	Dir	No->	UTS	TYS	EL4D
T6	Long Transv.	Test 7	KSI	KSI	PCT
			49.8	44.6	10.6
			49.8	44.7	10.4
			49.7	44.6	11
			49.9	44.7	10.1
			49.7	44.6	10.8
			49.7	44.6	10.5
			49.6	44.4	10.5

Cast Number	Chemical - OES	SI	FE	CU	MN	MG	CR	ZN	TI
H2946111	Actuals	0.64	0.5	0.22	0.07	1.0	0.15	0.05	0.02

This material was melted in the United States or a Qualifying Country [REF DFARS 225.872.1(a)]; it was manufactured in the United States

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width:15%;">Skid-tube <input type="checkbox"/></td> <td style="width:15%;">Crosstube <input type="checkbox"/></td> <td style="width:15%;">Water Jet <input type="checkbox"/></td> <td style="width:15%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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sapa:

Test de dureté Rockwell Rockwell Hardness Test

Client / Customer :

Adresse / Address :

commande Sapa / Sapa order # : 1100321

bon de commande / Purchase order # : 35939

de matrice / Die # : MS 15953

Description : 2x3/4" FLAT BAR

Alliage & trempage / Alloy & temper : 6061 T6

Longueur / Length : 6096 mm

Contrôle / Control # : 55067-1

Coulée / Cast # : 52482

Dureté Rockwell E /

Min. requis /

Max. permis /

Rockwell E hardness : 94 HRE

Min. required : 88 HRE

Max. permitted : 100 HRE

Composition chimique typique / Typical chemical composition :

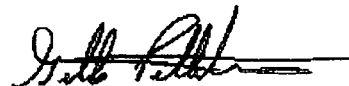
	Si	Fe	Cu	Mn	Mg	Cr	Zn	Ti
6063	0,20 - 0,60	0,35 Max	0,10 Max	0,10 Max	0,45 - 0,90	0,10 Max	0,10 Max	0,10 Max
6006	0,60 - 0,90	0,35 Max	0,10 Max	0,10 Max	0,40 - 0,60	0,10 Max	0,10 Max	0,10 Max
6005A	0,66 - 0,74	0,14 - 0,26	0,08 - 0,16	0,18 - 0,26	0,46 - 0,54	0,03 Max	0,05 Max	0,05 Max
6061	0,40 - 0,80	0,70 Max	0,15 - 0,40	0,15 Max	0,80 - 1,20	0,04 - 0,35	0,25 Max	0,15 Max
6351	0,7 - 1,3	0,5 Max	0,10 Max	0,40 - 0,80	0,40 - 0,80	—	0,20 Max	0,20 Max

Nous certifions que le matériel fourni rencontre les exigences chimiques telles qu'annoncées par la norme ASTM B-221-08 excepté pour la section 8.2 (nombre de spécimen) .

We hereby certify that the material supplied meets the chemical properties as published by the ASTM B-221-08 except for section 8.2 (number of specimen) .

Sincèrement vôtre,
Yours truly,

date : 2011-11-08



Gilles Pelletier
Technicien de la qualité
Quality technician

HAL 542

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update </div> <div> <input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab </div> <div> <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite </div> <div> <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier </div> <div> <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other </div> </div>	
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YIEH UNITED STEEL CORPORATION

MILL CERTIFICATE

Customer:

Customer No.

789813

Product: COLD ROLLED STAINLESS STEEL SHEET IN COIL

Certificate

012051A33

Date: FEB 20, 2012

Order No.

EB1200308

Page: 1/1

Specification/Steel Grade: ASTM A240/ASME SA 240-11 S 30400/S 30403
Surface Finish: No. 2B

Product ID	Chemical Composition (%)												Tensile Test				Hardness Test		Bend Test
	C	Si	Mn	P	S	Ni	Cr	N	Mo	Cu			0.2% Y.S.	1% Y.S.	T.S.	EL(%)	HRB	HV2	
Min.	0.030	0.75	2.00	0.045	0.030	8.00	18.00						205 MPa		515 MPa	40	92		
Max.	0.022	0.50	0.97	0.037	0.003	8.01	18.21	0.059	0.02	0.05			276		684	60	82	159	
12S74667AA	0.022	0.50	0.97	0.037	0.003	8.01	18.21	0.060	0.03	0.05			276		684	60	82	159	
12S74667AB	0.022	0.50	0.97	0.037	0.003	8.01	18.21	0.060	0.03	0.05			276		684	60	82	159	
12S74667BA	0.022	0.50	0.97	0.037	0.003	8.01	18.21	0.060	0.03	0.05			276		684	60	82	159	
12S74667BB	0.022	0.50	0.97	0.037	0.003	8.01	18.21	0.060	0.03	0.05			276		684	60	82	159	

Product ID	Heat No.	Dimension	Edge	QTY	Weight	Remarks
12S74667AA	YU122541	0.50 mm * 1219 mm * Coil	C	1	5.167 KG	1 Test Method: 1.1 Heat Analysis: C.S.N by JIS G 1214-3:2011, JIS G 1216-4:2010, JIS G 1228:1997(Amendement 1:2006), Others by JIS G 1253:2002. 1.2 Tensile Test: JIS Z 2241:2011. 1.3 Hardness Test: Thick > 1.8mm by JIS Z 2245:2011, Others by JIS Z 2244:2009. HV-HRB in accordance with ASTM E140-07 conversion. 2 MECHANICAL PROPERTIES REFER TO TENSILE TEST, HARDNESS TEST.
12S74667AB	YU122541	0.50 mm * 1219 mm * Coil	C	1	5.458 KG	
12S74667BA	YU122541	0.50 mm * 1219 mm * Coil	C	1	3.516 KG	
12S74667BB	YU122541	0.50 mm * 1219 mm * Coil	C	1	3.621 KG	
Subtotal 17.765 KG						

- I hereby certify that material described herein has been manufactured and tested with satisfactory results in accordance with the requirement of the above material specification.
- The material described above has been detected with free irradiation.
- YUSCO has established a QMS according to ISO 9001 which is certified by DNV CERT (reg. no: 0058-2002-AQ-RQC-RVA).
- Inspection and gauge measurement: Satisfactory.
- The report can only be reproduced in full.
- This certificate complies to 3.1/91B EN 10204:2005.
- The tests including: "Chemical Composition", "Tensile Test", "Hardness Test", "Bend Test", "Intergranular Attack" (I.K. TEST) have been accredited by AZLA (TESTING CERT #0958.02).

Manager of Quality Assurance Department

M. J. Long

CLBM 122541 PDF

JA-A-91

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Skid-tube <input type="checkbox"/></td> <td style="width: 33%;">Crosstube <input type="checkbox"/></td> <td style="width: 33%;">Water Jet <input type="checkbox"/></td> <td style="width: 33%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;"> <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge </div> <div style="width: 33%;"> <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other </div> </div>		



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO17925

Purchase Order Date 9/17/12

PO Print Date 9/18/12

Page Number 1 of 2

Order From :

VC-CAM002

CAMPI STEEL
935 BOUL. DU HAVRE
VALLEYFIELD, QC J6S 5L1
CA

FAKED

Contact Name

Buyer

Chantal Lavoie

Vendor Phone

800 667 4248

Requisition Nbr

10127-2607

Vendor Fax

450 377 5696

Tax Resale Nbr

Net 30

Vendor Account Nbr

Terms
Currency

CAD

FOB

Destination-Collect

M123135

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

REVISED
QTY.
item 3

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	M6061T6S.063	6061-T6 .063 Sheet	9/24/12 Yes	✓ 256.00 sf	Yours ppd	\$3.4500	\$883.20
	21						
		Special Inst:	MATERIAL: 6061-T6/T62 ALUMINUM SHEET AS PER QQ-A-250/11 OR AMS-QQ-A- 250/11 OR AMS 4025 OR AMS 4027 OR ASTM B209				
2	M6061T6S.032	6061-T6 Sheet 0.032"	9/24/12 Yes	✓ 96.00 sf	Yours ppd	\$4.6000	\$441.60
	021						
		Special Inst:	MATERIAL: 6061-T6/T62 ALUMINUM SHEET AS PER QQ-A-250/11 OR AMS-QQ-A- 250/11 OR AMS 4025 OR AMS 4027 OR ASTM B209				
3	M6061T6S.080	6061-T6 .080 Sheet	9/24/12 Yes	✓ 192.00 sf	Yours ppd	\$3.7500	\$720.00
	021						

4/24/12

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO

Change Nbr:

4

Change Date: 9/18/12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
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935 BOUL. DU HAVRE
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CA

Contact Name

Vendor Phone 800 667 4248

Vendor Fax 450 377 5696

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

10127-2607

Tax Resale Nbr

Net 30

Currency

CAD

FOB

Destination-Collect

Special Inst: MATERIAL: 6061-T6/T62 ALUMINUM
SHEET
AS PER QQ-A-250/11 OR AMS-QQ-A-
250/11 OR
AMS 4025 OR AMS 4027 OR ASTM B209

4	M6061T6B0.750X02.000	6061-T6 Bar .750 x 2.00	9/24/12	20.00	Yours ppd	\$4.5805	\$91.61
			Yes	f			

023

Special Inst: MATERIAL: 6061-
T6/T651/T6510/T6511/T62 ALUMINUM
BAR
AS PER QQ-A-225/8 OR AMS-QQ-A-225/8
OR AMS 4117/4128/4115/4116
OR QQ-A-200/8 OR AMS-QQ-A-200/8 OR
AMS 4160 OR ASTM B211 OR
ASTM B221

5	M304S26GA	304/316 0.018 SHEET	9/24/12	256.00	Yours ppd	\$2.6480	\$677.90
			Yes	sf			

026

Special Inst: MATERIAL: AISI 304/316 SS SHEET
ANNEALED 2B FINISH
AS MIL-S-5059 OR AMS 5513 (304) OR
AMS 5524 (316)
OR ASTM A240 OR ASME SA240

11/17/12

PO Total:

\$2,814.31

Change Nbr: 4

Change Date: 9/18/12

No substitution or deviation without
consent.

Certificate of Conformity or Material
Certification required **YES** NO

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other